



			Report Date:
Name of Traveler:	Destination:	Dates of Travel:	FTMS Trip Number: 8
Position/Title of Traveler	Employing Organization and Organization Code:  Jefferson Lab		
Employment Address (include street, city, state/province, country) 12000 Jefferson Ave, Newport News, VA 23606			
Destination:		Facility Visited:	
Purpose of trip: (Brief statement, including the justification from the foreign travel request):  			
Contacts	Name	Affiliated Institution	Facility Visited
Host:		-	
Other:			
Abstract (Major highlights, benefits of the travel, results of meetings, including their locations):  			
Names of other personnel with whom you traveled with as a team:			
Meeting Results:			
Information to the safety, health and security of future travelers (Provide this information only when appropriate):			
Total Cost of the Trip:			
Transportation Cost to DOE:			
Per Diem and Miscellaneous Cost to DOE:			
Total Cost to DOE			
Total Cost to Non-DOE Funding Amount:			
Total Cost of Trip:			

Travelers Signature

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